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NEW YORK STATE BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

RECORD OF DEATHS



CHAPTER 661 OF LAWS OF 1893.

SECTION 23. * * * * * Every undertaker, sexton or other person having charge of any corpse, shall procure a certificate of the death and the probable cause duly certified by the physician in attendance upon the deceased during his last illness, or by the coroner where an inquisition is required by law, and if no physician was in attendance, and no inquest has been held or required by law, an affidavit stating the circumstances, time and cause of death, and sworn to by some credible person known to the officer granting the permit, and there shall be no burial or removal of a corpse until such certificate or affidavit has been presented to the local board or to the person designated by it, and thereupon a permit for such burial or removal has been obtained. * * * * *

CHAPTER 138 OF LAWS OF 1897.

SECTION 22. * * * * * The person making such certificate shall be entitled to the sum of twenty-five cents therefor, which shall be a charge upon, and paid by the municipality where such * * * death * * * occurred.

The undertaker should secure the complete filling out of the last portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

No permit shall be issued by the local board of health or its representatives for the burial or removal of a corpse until the certificate or affidavit has been presented and is properly and correctly filled out.

The Law requires that the Certificate of a Death shall be returned and registered in the town, village or city where it occurs.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This Certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 5th of the next month.

Ink must be used in filling out certificates. Use great care in writing proper names, dates and places.

REPORT OF DEATH

Full Name of Deceased, _____

Years.	Months.	Days.
--------	---------	-------

Age _____

Sex _____

Single, Married, Widowed or Divorced, _____

Occupation, _____

Birthplace, _____ (State or Country) _____

Color, _____

Father's Name, _____

Father's Birthplace, _____

Mother's Name, _____

Mother's Birthplace, _____

Place of Death, _____

Years.	Months.	Days.	How long in the United States if foreign born.
--------	---------	-------	--

How long a Resident here, _____

Date of Death, _____

Reported by _____

Date, _____

Chief Cause of Death, _____

Certified by _____, M. D.
Medical Attendant.

Buried at _____

By _____, Undertaker.

Residence, _____

FILL OUT WITH INK AND WRITE PLAINLY
MARGIN RESERVED FOR BINDING

NO MUTILATED CERTIFICATE WILL BE RECEIVED

County of _____ STATE OF NEW YORK—BUREAU OF VITAL STATISTICS

Town of _____

Village of _____

City of _____

Certificate and Record of Death

Registered No. _____

Full Name of Deceased, _____
(If an infant not named give family name.)

I hereby certify that I attended deceased from _____ 190... to _____ 190...
that I last saw _____ alive on the _____ day of _____ 190..., that _____ died
on the _____ day of _____ 190..., about _____ o'clock A. M. or P. M., and
that to best of my knowledge and belief, the cause of _____ death was as hereunder written.

Chief Cause,	Duration of Disease
--------------	---------------------

Contributing cause, _____

Sanitary Observations, _____

Witness my hand this _____ day of _____ 190...
(SIGNATURE),

Place of Burial, _____

Date of Burial, _____ M. D.

Undertaker, _____ RESIDENCE, _____

Residence, _____

Date of Death.	Year.	Month.	Day.	Place of Death.
Age, in years, mos. and days.				How long Resident here.
Sex.				If in an Institution give name and location.
Color. [Strike out words not applicable.]	White. Black, [Negro or mixed.] Indian. Japanese. Chinese.			How long an Inmate.
Single, Married, Widowed or Divorced.				Previous Residence.
Occupation.				Father's Name.
Birthplace.				Father's Birthplace.
How long in U. S. if foreign born.				Mother's Name.
				Mother's Birthplace.

[State or Country.]

[State or Country.]

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REPORT OF DEATH

Full Name of Deceased, _____

Years.	Months.	Days.
--------	---------	-------

Age _____

Sex _____

Single, Married, Widowed or Divorced, _____

Occupation, _____

Birthplace, _____ (State or Country) _____

Color, _____

Father's Name, _____

Father's Birthplace, _____

Mother's Name, _____

Mother's Birthplace, _____

Place of Death, _____

Years.	Months.	Days.	How long in the United States if foreign born.	Years.	Months.	Days.
--------	---------	-------	--	--------	---------	-------

How long a Resident here, _____

Date of Death, _____

Reported by _____

Date, _____

Chief Cause of Death, _____

Certified by _____, M. D.
Medical Attendant.

Buried at _____

By _____, Undertaker.

Residence, _____

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County of _____ STATE OF NEW YORK—BUREAU OF VITAL STATISTICS

Town of _____

Village of _____

City of _____

Certificate and Record of Death

Registered No. _____

Full Name of Deceased, _____
(If an infant not named give family name.) _____

I hereby certify that I attended deceased from _____ 190__ to _____ 190__
that I last saw _____ alive on the _____ day of _____ 190__, that _____ died
on the _____ day of _____ 190__, about _____ o'clock A. M. or P. M., and
that to best of my knowledge and belief, the cause of _____ death was as hereunder written.

Chief Cause, _____

Contributing cause, _____

Sanitary Observations, _____

Witness my hand this _____ day of _____ 190__

Place of Burial, _____ (SIGNATURE),

Date of Burial, _____ M. D.

Undertaker, _____ RESIDENCE, _____

Residence, _____

Date of Death.	Year.	Month.	Day.	Place of Death.
Age, in years, mos. and days.				How long Resident here.
Sex.				If in an Institution give name and location.
Color.	White.	Black, [Negro or mixed.]	Indian.	How long an Inmate.
[Strike out words not applicable.]		Japanese.	Chinese.	Previous Residence.
Single, Married, Widowed or Divorced.				Father's Name.
Occupation.				Father's Birthplace.
Birthplace.				Mother's Name.
How long in U. S. if foreign born.				Mother's Birthplace.

This stub will not be received as a certificate of death.

CHAPTER 661 OF LAWS OF 1893.

SECTION 23. * * * * * Every undertaker, sexton or other person having charge of any corpse, shall procure a certificate of the death and the probable cause duly certified by the physician in attendance upon the deceased during his last illness, or by the coroner where an inquisition is required by law, and if no physician was in attendance, and no inquest has been held or required by law, an affidavit stating the circumstances, time and cause of death, and sworn to by some credible person known to the officer granting the permit, and there shall be no burial or removal of a corpse until such certificate or affidavit has been presented to the local board or to the person designated by it, and thereupon a permit for such burial or removal has been obtained. When application is made for a permit to transport a corpse over any railroad or upon any passenger steamboat within the state, the board of health, or the officers to whom such application is made, shall require such corpse to be enclosed in a hermetically sealed casket of metal or other indestructible material, if the cause of death shall have been from a contagious or infectious disease.

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REPORT OF DEATH

Full Name of Deceased, _____

Years.	Months.	Days.
--------	---------	-------

Age _____

Sex _____

Single, Married, Widowed or Divorced, _____

Occupation, _____

Birthplace, _____ (State or Country) _____

Color, _____

Father's Name, _____

Father's Birthplace, _____

Mother's Name, _____

Mother's Birthplace, _____

Place of Death, _____

Years.	Months.	Days.	How long in the United States if foreign born.	Years.	Months.	Days.
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How long a Resident here, _____

Date of Death, _____

Reported by _____

Date, _____

Chief Cause of Death, _____

Certified by _____, M. D.
Medical Attendant.

Buried at _____

By _____, Undertaker.

Residence, _____

FILL OUT WITH INK AND WRITE PLAINLY
MARGIN RESERVED FOR BINDING

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County of _____ STATE OF NEW YORK—BUREAU OF VITAL STATISTICS

Town of _____

Village of _____

City of _____

Certificate and Record of Death

Registered No. _____

Full Name of Deceased, _____
(If an infant not named give family name.)

I hereby certify that I attended deceased from _____ 190__ to _____ 190__
that I last saw _____ alive on the _____ day of _____ 190__, that _____ died
on the _____ day of _____ 190__, about _____ o'clock A. M. or P. M., and
that to best of my knowledge and belief, the cause of _____ death was as hereunder written.

Chief Cause, _____

Contributing cause, _____

Sanitary Observations, _____

Witness my hand this _____ day of _____ 190__

Place of Burial, _____ (SIGNATURE),

Date of Burial, _____ M. D.

Undertaker, _____ RESIDENCE, _____

Residence, _____

Date of Death.	Year.	Month.	Day.	Place of Death.
Age, in years, mos. and days.				How long Resident here.
Sex.				If in an Institution give name and location.
Color. [Strike out words not applicable.]	White. Black, [Negro or mixed.] Indian. Japanese. Chinese.			How long an Inmate.
Single, Married, Widowed or Divorced.				Previous Residence.
Occupation.				Father's Name.
Birthplace.				Father's Birthplace.
How long in U. S. if foreign born.				Mother's Name.
				Mother's Birthplace.

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REPORT OF DEATH

Full Name of Deceased, _____

Years.	Months.	Days.
--------	---------	-------

Age _____

Sex _____

Single, Married, Widowed or Divorced, _____

Occupation, _____

Birthplace, _____ (State or Country) _____

Color, _____

Father's Name, _____

Father's Birthplace, _____

Mother's Name, _____

Mother's Birthplace, _____

Place of Death, _____

Years.	Months.	Days.	How long in the United States if foreign born.	Years.	Months.	Days.
--------	---------	-------	--	--------	---------	-------

How long a Resident here, _____

Date of Death, _____

Reported by _____

Date, _____

Chief Cause of Death, _____

Certified by _____, M. D.
Medical Attendant.

Buried at _____

By _____, Undertaker.

Residence, _____

FILL OUT WITH INK AND WRITE PLAINLY
MARGIN RESERVED FOR BINDING

NO MUTILATED CERTIFICATE WILL BE RECEIVED

County of _____ STATE OF NEW YORK—BUREAU OF VITAL STATISTICS

Town of _____

Village of _____

City of _____

Certificate and Record of Death

Registered No. _____

Full Name of Deceased, _____
(If an infant not named give family name.)

I hereby certify that I attended deceased from _____ 190____ to _____ 190____
that I last saw _____ alive on the _____ day of _____ 190____, that _____ died
on the _____ day of _____ 190____, about _____ o'clock A. M. or P. M., and
that to best of my knowledge and belief, the cause of _____ death was as hereunder written.

Chief Cause, _____

Contributing cause, _____

Sanitary Observations, _____

Witness my hand this _____ day of _____ 190____
(SIGNATURE), _____

Place of Burial, _____

Date of Burial, _____ M. D.

Undertaker, _____ RESIDENCE, _____

Residence, _____

Date of Death.	Year.	Month.	Day.	Place of Death.
Age, in years, mos. and days.				How long Resident here.
Sex.				If in an Institution give name and location.
Color. [Strike out words not applicable.]	White. Black, [Negro or mixed.] Indian. Japanese. Chinese.			How long an Inmate.
Single, Married, Widowed or Divorced.				Previous Residence.
Occupation.				Father's Name.
Birthplace.				Father's Birthplace.
How long in U. S. if foreign born.				Mother's Name.
				Mother's Birthplace.

[State or Country.]

[State or Country.]

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REPORT OF DEATH

Full Name of Deceased, _____

Years.	Months.	Days.
--------	---------	-------

Age .. _____

Sex .. _____

Single, Married, Widowed or Divorced, _____

Occupation, _____

Birthplace, _____ (State or Country) _____

Color, _____

Father's Name, _____

Father's Birthplace, _____

Mother's Name, _____

Mother's Birthplace, _____

Place of Death, _____

Years.	Months.	Days.	How long in the United States if foreign born.	Years.	Months.	Days.
--------	---------	-------	--	--------	---------	-------

How long a Resident here, _____

Date of Death, _____

Reported by, _____

Date, _____

Chief Cause of Death, _____

Certified by _____, M. D.
Medical Attendant.

Buried at _____

By _____, Undertaker.

Residence, _____

FILL OUT WITH INK AND WRITE PLAINLY
MARGIN RESERVED FOR BINDING

NO MUTILATED CERTIFICATE WILL BE RECEIVED

County of _____ STATE OF NEW YORK—BUREAU OF VITAL STATISTICS

Town of _____

Village of _____

City of _____

Certificate and Record of Death Registered No. _____

Full Name of Deceased, _____
(If an infant not named give family name.)

I hereby certify that I attended deceased from _____ 190_____ to _____ 190_____ that I last saw _____ alive on the _____ day of _____ 190_____, that _____ died on the _____ day of _____ 190_____, about _____ o'clock A. M. or P. M., and that to best of my knowledge and belief, the cause of _____ death was as hereunder written.

Chief Cause,	Duration of Disease
Contributing cause,	

Sanitary Observations, _____

Witness my hand this _____ day of _____ 190_____
(SIGNATURE),

Place of Burial, _____

Date of Burial, _____ M. D.

Undertaker, _____ RESIDENCE, _____

Residence, _____

Date of Death.	Year.	Month.	Day.	Place of Death.
Age, in years, mos. and days.				How long Resident here.
Sex.				If in an Institution give name and location.
Color. [Strike out words not applicable.]	White. Black, [Negro or mixed.] Indian. Japanese. Chinese.			How long an Inmate.
Single, Married, Widowed or Divorced.				Previous Residence.
Occupation.				Father's Name.
Birthplace.				Father's Birthplace.
How long in U. S. if foreign born.				Mother's Name.
				Mother's Birthplace.

[State or Country.]

[State or Country.]

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REPORT OF DEATH

Full Name of Deceased, _____

Years.	Months.	Days.
--------	---------	-------

Age _____

Sex _____

Single, Married, Widowed or Divorced, _____

Occupation, _____

Birthplace, _____ (State or Country) _____

Color, _____

Father's Name, _____

Father's Birthplace, _____

Mother's Name, _____

Mother's Birthplace, _____

Place of Death _____

Years.	Months.	Days.	How long in the United States if foreign born.	Years.	Months.	Days.
--------	---------	-------	--	--------	---------	-------

How long a Resident here, _____

Date of Death, _____

Reported by _____

Date, _____

Chief Cause of Death, _____

Certified by _____, M. D.
Medical Attendant.

Buried at _____

By _____, Undertaker.

Residence, _____

FILL OUT WITH INK AND WRITE PLAINLY
MARGIN RESERVED FOR BINDING

NO MUTILATED CERTIFICATE WILL BE RECEIVED

County of _____ STATE OF NEW YORK—BUREAU OF VITAL STATISTICS

Town of _____

Village of _____

City of _____

Certificate and Record of Death Registered No. _____

Full Name of Deceased, _____
(If an infant not named give family name.)

I hereby certify that I attended deceased from _____ 190____ to _____ 190____
that I last saw _____ alive on the _____ day of _____ 190____, that _____ died
on the _____ day of _____ 190____, about _____ o'clock A. M. or P. M., and
that to best of my knowledge and belief, the cause of _____ death was as hereunder written.

Chief Cause,	Duration of Disease
Contributing cause,	

Sanitary Observations, _____

Witness my hand this _____ day of _____ 190____
(SIGNATURE), _____

Place of Burial, _____

Date of Burial, _____ M. D.

Undertaker, _____ RESIDENCE, _____

Residence, _____

Date of Death.	Year.	Month.	Day.	Place of Death.
Age, in years, mos. and days.				How long Resident here.
Sex.				If in an Institution give name and location.
Color. [Strike out words not applicable.]	White. Black, [Negro or mixed.] Indian. Japanese. Chinese.			How long an Inmate.
				Previous Residence.
Single, Married, Widowed or Divorced.				Father's Name.
Occupation.				Father's Birthplace.
Birthplace.				Mother's Name.
How long in U. S. if foreign born.				Mother's Birthplace.

[State or Country:]

[State or Country:]

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REPORT OF DEATH

Full Name of Deceased,

Years	Months	Days
-------	--------	------

Age

Sex

Single, Married, Widowed or Divorced,

Occupation,

Birthplace, (State or Country)

Color,

Father's Name,

Father's Birthplace,

Mother's Name,

Mother's Birthplace,

Place of Death,

Years	Months	Days	How long in the United States if foreign born	Years	Months	Days
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How long a Resident here,

Date of Death,

Reported by

Date,

Chief Cause of Death,

Certified by, M. D.

Medical Attendant.

Buried at

By, Undertaker.

Residence,

This stub will not be received as a certificate of death.

Full Name of Deceased,
(If an infant not named give family name.)

I hereby certify that I attended deceased from 190 to 190
that I last saw alive on the day of 190, that died
on the day of 190, about o'clock A. M. or P. M., and
that to best of my knowledge and belief, the cause of death was as hereunder written.

Chief Cause,

Contributing cause,

Sanitary Observations,

Witness my hand this day of 190

(SIGNATURE),

Place of Burial,

Date of Burial, M. D.

Undertaker, RESIDENCE,

Residence,

Date of Death.	Year.	Month.	Day.	Place of Death.
Age, in years, mos. and days.				How long Resident here.
Sex.				If in an Institution give name and location.
Color.	White.	Black, [Negro or mixed.]	Indian.	How long an Inmate.
[Strike out words not applicable.]		Japanese.	Chinese.	Previous Residence.
Single, Married, Widowed or Divorced.				Father's Name.
Occupation.				Father's Birthplace.
Birthplace.				Mother's Name.
How long in U. S. if foreign born.				Mother's Birthplace.

FILL OUT WITH INK AND WRITE PLAINLY
MARGIN RESERVED FOR BINDING
NO MUTILATED CERTIFICATE WILL BE RECEIVED

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SECTION 22. * * * * * The person making such certificate shall be entitled to the sum of twenty-five cents therefor, which shall be a charge upon, and paid by the municipality where such * * * death * * * occurred.

The Law requires that the Certificate of a Death shall be returned and registered in the town, village or city where it occurs.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

☞ This Certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 5th of the next month.

REPORT OF DEATH

Full Name of Deceased, _____

Years.	Months.	Days.
--------	---------	-------

Age _____

Sex _____

Single, Married, Widowed or Divorced, _____

Occupation, _____

Birthplace, _____ (State or Country) _____

Color, _____

Father's Name, _____

Father's Birthplace, _____

Mother's Name, _____

Mother's Birthplace, _____

Place of Death, _____

Years.	Months.	Days.	How long in the United States if foreign born.	Years.	Months.	Days.
--------	---------	-------	--	--------	---------	-------

How long a Resident here, _____

Date of Death, _____

Reported by _____

Date, _____

Chief Cause of Death, _____

Certified by _____, M. D.
Medical Attendant.

Buried at _____

By _____, Undertaker.

Residence, _____

FILL OUT WITH INK AND WRITE PLAINLY
MARGIN RESERVED FOR BINDING

NO MUTILATED CERTIFICATE WILL BE RECEIVED

County of _____ STATE OF NEW YORK—BUREAU OF VITAL STATISTICS

Town of _____

Village of _____

City of _____

Certificate and Record of Death Registered No. _____

Full Name of Deceased, _____
(If an infant not named give family name.)

I hereby certify that I attended deceased from _____ 190____ to _____ 190____
that I last saw _____ alive on the _____ day of _____ 190____, that _____ died
on the _____ day of _____ 190____, about _____ o'clock A. M. or P. M., and
that to best of my knowledge and belief, the cause of _____ death was as hereunder written.

Chief Cause,	Duration of Disease
Contributing cause,	

Sanitary Observations, _____

Witness my hand this _____ day of _____ 190____
(SIGNATURE),

Place of Burial, _____

Date of Burial, _____ M. D.

Undertaker, _____ RESIDENCE, _____

Residence, _____

Date of Death.	Year.	Month.	Day.	Place of Death.
Age, in years, mos. and days.				How long Resident here.
Sex.				If in an Institution give name and location.
Color. [Strike out words not applicable.]	White. Black, [Negro or mixed.] Indian. Japanese. Chinese.			How long an Inmate.
Single, Married, Widowed or Divorced.				Previous Residence.
Occupation.				Father's Name.
Birthplace.				Father's Birthplace.
How long in U. S. if foreign born.				Mother's Name.
				Mother's Birthplace.

[State or Country.]

[State or Country.]

CHAPTER 661 OF LAWS OF 1893.

SECTION 23. * * * * * Every undertaker, sexton or other person having charge of any corpse, shall procure a certificate of the death and the probable cause duly certified by the physician in attendance upon the deceased during his last illness, or by the coroner where an inquisition is required by law, and if no physician was in attendance, and no inquest has been held or required by law, an affidavit stating the circumstances, time and cause of death, and sworn to by some credible person known to the officer granting the permit, and there shall be no burial or removal of a corpse until such certificate or affidavit has been presented to the local board or to the person designated by it, and thereupon a permit for such burial or removal has been obtained. When application is made for a permit to transport a corpse over any railroad or upon any passenger steamboat within the state, the board of health, or the officers to whom such application is made, shall require such corpse to be enclosed in a hermetically sealed casket of metal or other indestructible material, if the cause of death shall have been from a contagious or infectious disease.

CHAPTER 138 OF LAWS OF 1897.

SECTION 22. * * * * * The person making such certificate shall be entitled to the sum of twenty-five cents therefor, which shall be a charge upon, and paid by the municipality where such * * * death * * * occurred.

The Law requires that the Certificate of a Death shall be returned and registered in the town, village or city where it occurs.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

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